FILE NOW: FILING FEE IS $61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749256 (4)

1. Corporation Name

SPINNAKERS REACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10036 SAWGRASS DR PONTE VEDRA BCH FL 32082 US	PO BOX 1159 PONTE VEDRA BCH FL 32004 US

3. Date Incorporated or Qualified: 10/09/1979

4. FEI Number: 59-2090100 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUNCH, DONALD J
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GLEAVES, JAMES		1.2 NAME		
STREET ADDRESS	746 SPINNAKER'S REACH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	THRELKEL, MIREILLE		2.2 NAME	Mireille Smith	
STREET ADDRESS	716 SPINNAKERS REACH RD		2.3 STREET ADDRESS	Secretary	
CITY-ST-ZIP	PONTE VEDRA BCH FL		2.4 CITY-ST-ZIP	Spinnakers Reach I Condo. Assoc.	
TITLE	VPD	☐ DELETE	3.1 TITLE	716 Spinnakers Reach Drive	
NAME	HAYES, VEOLA		3.2 NAME	Jacksonville FL 32082	
STREET ADDRESS	2625 LIGHTHOUSE BEND DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALCHLE, MARIE		4.2 NAME		
STREET ADDRESS	739 SPINNAKER'S REACH ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VANDROFF, HOWARD		5.2 NAME		
STREET ADDRESS	703 SPINNAKERS REACH ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard Vandroff 4-24-98 (904)285-1526